ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	الكن	7531		
O.I.P.E. CLASSIFIER	in		3 - 6 COS	
FORMALITY REVIEW				
RESPONSE FORMALITY REVIEW			:	
		11.73	, , , , , , , , , , , , , , , , , , ,	

INDEX OF CLAIMS

~	Rejected	Ν	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

÷					
	Date Claim Date		Claim Date		
Claim Date		Date			
Indiana 19 19 19 19 19 19 19 1	Final		Final		
	51		101	 	
	52	 	102	 	
2 A	53		103		
3 A	54		104	 	
4 9 5 9 9	55	 	105	 	
50000	56	 	106		
	57	 	107		
<u> </u>	58	 	108	+++++	
65	59	 	109		
▎▄▄▙▀ █▘ ▎▕▝▍▕▐▘▎▊▘▎▝▘ ▀▀▝▀▝	60		110		
	61		111		
12	62	 	112		
13	63		113		
14	64	 	114		
15	65	 	115		
16 × A	66		116		
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	67		117		
18	68		118		
19	69		119		
	70		120		
	71	+++++	121		
21	72	+++++	122		
22 23	73	 	123		
24	74	 	124		
	75	 	125		
25 26	76		126		
27	77		127		
28	78	+	128		
29	79	+++++	129		
30	80		130		
31	81		131		
32	82		132		
33	83	 	133		
34	84		134		
35	85		135		
36	86		136		
37	87		137		
38	88		138		
39	89		139		
40	90		140		
41	91	+	141		
42	92		142		
43	93		143		
44	94	1 1 1 1 1 1 1 1	144		
43	95		145		
46	96		146		
47	97		147		
48	98		148		
49	99		149		
50	100		150		
			•		

Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here